

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY, NEWARK DIVISION

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Deldor Wellness, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 85-1465164

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

26 Washington St
Tenaflly, NJ 07670-3213
Number, Street, City, State & ZIP Code

Bergen
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://deldorwellnessnj.com

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor **Deldor Wellness, Inc.**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply.**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

- ☐ No.
- ☒ Yes.

District **Newark**

District _____

When **12/21/22**

When _____

Case number **22-20018**

Case number _____

Debtor **Deldor Wellness, Inc.** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|---|--|

Debtor

Deldor Wellness, Inc.

Case number (if known)

Name

- ☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☒ \$500,001 - \$1 million

- ☐ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

- ☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

Debtor **Deldor Wellness, Inc.** Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 25, 2023**
MM / DD / YYYY

X **/s/**

Signature of authorized representative of debtor

Printed name

Title

18. Signature of attorney

X **/s/ Brian G. Hannon**

Signature of attorney for debtor

Date **August 25, 2023**
MM / DD / YYYY

Brian G. Hannon

Printed name

Norgaard, O'Boyle & Hannon

Firm name

184 Grand Ave
Englewood, NJ 07631-3578

Number, Street, City, State & ZIP Code

Contact phone

Email address

bhannon@norgaardfirm.com

BG-3645

Bar number and State

Fill in this information to identify the case:

Debtor name Deldor Wellness, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, NEWARK DIVISION

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property*(Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property*(Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases*(Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 25, 2023

X /s/

Signature of individual signing on behalf of debtor

Printed name

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Deldor Wellness, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, NEWARK DIVISION

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B..... \$ 0.00

1b. Total personal property:

Copy line 91A from Schedule A/B..... \$ 21,485.84

1c. Total of all property:

Copy line 92 from Schedule A/B..... \$ 21,485.84

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A Amount of claim, from line 3 of Schedule D..... \$ 90,761.23

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ 485,095.74

4. Total liabilities
Lines 2 + 3a + 3b

\$ 575,856.97

Fill in this information to identify the case:

Debtor name **Deldor Wellness, Inc.**
 United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY,
 NEWARK DIVISION**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Alma Laser 485 Day Rd Buffalo Grove, IL 60089		Business Debt				\$0.00
Amerifi Capital, LLC 330 Main St Hartford, CT 06106-1860		Business Debt		\$38,761.23	\$0.00	\$38,761.23
Block, Inc. 1455 Market St Ste 600 San Francisco, CA 94103-1332		Business Debt				\$0.00
Cherrywood Enterprises, LLC c/o Sklar Law, LLC 20 Brace Rd Ste 205 Cherry Hill, NJ 08034-2634		Business Debt				\$0.00
Clicklease, LLC c/o The Law Offices of Joseph A. Molinar 648 Wyckoff Ave Wyckoff, NJ 07481-1428		Business Debt				\$12,444.08
FC Marketplace, LLC 747 Front St Fl 4 San Francisco, CA 94111-1922		Business Debt				\$0.00
Funding Circle 85 2nd St Ste 400 San Francisco, CA 94105-3462		Business Debt				\$0.00

Debtor **Deldor Wellness, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MedShift 525 N Tryon St Ste 1600 Charlotte, NC 28202-0213		Business Debt				\$22,814.54
MedShift 525 N Tryon St Ste 1600 Charlotte, NC 28202-0213		Business Debt				\$143,755.42
MedShift 525 N Tryon St Ste 1600 Charlotte, NC 28202-0213						\$51,390.48
Merk Funding, Inc. 3611 14th Ave Brooklyn, NY 11218-3773		Business Debt	Disputed	\$52,000.00	\$0.00	\$52,000.00
REMEX Inc. 307 Wall St Princeton, NJ 08540-1515		Business Debt				\$0.00
Savit Collection Agency PO Box 250 East Brunswick, NJ 08816-0250		Business Debt				\$0.00
Swift Financial 3505 Silverside Rd Ste 200 Wilmington, DE 19810-4905		Business Debt				\$19,114.20
Telecom PO Box 4500 Allen, TX 75013-1311		Business Debt				\$0.00
TKK Broadway Management, LLC c/o Raymond & Raymond 7 Glenwood Ave Fl 4 East Orange, NJ 07017-1061	Herbert B. Raymond, Esq.		Disputed			\$14,254.54
True Business Funding, LLC 301 Mill Rd Ste U-5 Hewlett, NY 11557-1291		Business Debt				\$0.00

Debtor **Deldor Wellness, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Utility Self Reported/Public Service Ent PO Box 4500 Allen, TX 75013-1311		Business Debt				\$0.00
Viora Sinclair Company 213 W 35th St New York, NY 10001-1903		Business Debt				\$56,511.00
Yunis Properties, Inc. 32 Washington St Tenafly, NJ 07670-3216		Business Debt				\$164,811.48

Fill in this information to identify the case:

Debtor name Deldor Wellness, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, NEWARK DIVISION

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Citizens Bank

Business Checking

5621

\$9,730.84

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$9,730.84

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Landlord

\$3,200.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$3,200.00

Debtor Deldor Wellness, Inc. Case number (If known) _____
Name

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Salon Products		\$5,000.00		\$5,000.00

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$5,000.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

Debtor **Deldor Wellness, Inc.** Case number (If known) _____
Name

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture/Fixtures/Equipment	\$3,305.00	Forced Liquidati	\$3,305.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** **\$3,305.00**
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
Description (include name of obligor)

Debtor Deldor Wellness, Inc. Case number (If known) _____
Name

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

Storage Unit Contents

\$250.00

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$250.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

Debtor Deldor Wellness, Inc. Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$9,730.84</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$3,200.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$5,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$3,305.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$250.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$21,485.84</u>	<u>+ 91b. \$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$21,485.84</u>

Fill in this information to identify the case:

Debtor name Deldor Wellness, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, NEWARK DIVISION

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 Amerifi Capital, LLC

Creditor's Name

Describe debtor's property that is subject to a lien

\$38,761.23

\$0.00

330 Main St
Hartford, CT 06106-1860

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
3754

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2 Cedar Advance, LLC

Creditor's Name

Describe debtor's property that is subject to a lien

unknown

\$0.00

Business Debt

2917 Avenue I
Brooklyn, NY 11210-2934

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
3556

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **Deldor Wellness, Inc.**
Name

Case number (if known)

2.3 CHTD Company

Creditor's Name

Describe debtor's property that is subject to a lien

unknown

\$0.00

Business Debt

PO Box 2576

Springfield, IL 62708-2576

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

5114

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 Everest Business Funding

Creditor's Name

Describe debtor's property that is subject to a lien

unknown

\$0.00

Business Debt

8200 NW 52nd Ter Fl 2

Doral, FL 33166-7852

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

5396

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 Financial Pacific Leasing, Inc.

Creditor's Name

Describe debtor's property that is subject to a lien

unknown

\$0.00

Business Debt

PO Box 4568

Federal Way, WA

98063-4568

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Creditor's email address, if known

Debtor **Deldor Wellness, Inc.**
Name

Case number (if known)

Date debt was incurred

Last 4 digits of account number

9295

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 **Financial Pacific Leasing, Inc.**

Creditor's Name

PO Box 4568

Federal Way, WA

98063-4568

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

4911

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Business Debt

unknown

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7 **Merk Funding, Inc.**

Creditor's Name

3611 14th Ave

Brooklyn, NY 11218-3773

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

4725

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$52,000.00

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.8 **Quicksilver Capital**

Describe debtor's property that is subject to a lien

unknown

\$0.00

Debtor Deldor Wellness, Inc. Name <hr/> Creditor's Name <hr/> 181 S Franklin Ave Valley Stream, NY 11581-1138 Creditor's mailing address <hr/> Creditor's email address, if known <hr/> Date debt was incurred <hr/> Last 4 digits of account number 4590 <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <hr/>	Business Debt <hr/> Describe the lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
--	---

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$90,761.23**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Corporation Service Company PO Box 2576 Springfield, IL 62708-2576	Line <u>2.7</u>	4725
Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703-4261	Line <u>2.7</u>	4725
Corporation Service Company PO Box 2576 Springfield, IL 62708-2576	Line <u>2.3</u>	5114
Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703-4261	Line <u>2.3</u>	5114
Corporation Service Company PO Box 2576 Springfield, IL 62708-2576	Line <u>2.4</u>	5396
Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703-4261	Line <u>2.4</u>	5396
Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703-4261	Line <u>2.2</u>	3556
Corporation Service Company PO Box 2576 Springfield, IL 62708-2576	Line <u>2.2</u>	3556

Debtor	Name	Case number (if known)	
	Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703-4261	Line <u>2.8</u>	4590
	Corporation Service Company PO Box 2576 Springfield, IL 62708-2576	Line <u>2.8</u>	4590
	Erica R. Gilerman, Esq. 515 Madison Ave Ste 8108 New York, NY 10022-5403	Line <u>2.1</u>	3754
	Ershowsky & Verstandig, PLLC 290 Central Ave Ste 109 Lawrence, NY 11559-8507	Line <u>2.7</u>	4725
	Goldman, Imani & Goldberg, Inc. 9894 Bissonnet St Houston, TX 77036-8239	Line <u>2.4</u>	5396
	Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line <u>2.5</u>	9295
	Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line <u>2.6</u>	4911
	Triton Recovery, LLC 19790 W Dixie Hwy Ste 301 Aventura, FL 33180-2293	Line <u>2.1</u>	3754

Fill in this information to identify the case:

Debtor name **Deldor Wellness, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY, NEWARK DIVISION**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Alma Laser 485 Day Rd Buffalo Grove, IL 60089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes unknown
3.2	Nonpriority creditor's name and mailing address Block, Inc. 1455 Market St Ste 600 San Francisco, CA 94103-1332 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes unknown
3.3	Nonpriority creditor's name and mailing address Cherrywood Enterprises, LLC c/o Sklar Law, LLC 20 Brace Rd Ste 205 Cherry Hill, NJ 08034-2634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes unknown
3.4	Nonpriority creditor's name and mailing address Clicklease, LLC c/o The Law Offices of Joseph A. Molinar 648 Wyckoff Ave Wyckoff, NJ 07481-1428 Date(s) debt was incurred ____ Last 4 digits of account number 3616	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$12,444.08

Debtor	Name	Case number (if known)
	Deldor Wellness, Inc.	
3.5	Nonpriority creditor's name and mailing address FC Marketplace, LLC 747 Front St Fl 4 San Francisco, CA 94111-1922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Funding Circle 85 2nd St Ste 400 San Francisco, CA 94105-3462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address Funding Metrics 3220 Tillman Dr Ste 200 Bensalem, PA 19020-2028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Hitachi Capital America Corp. 800 Connecticut Ave Norwalk, CT 06854-1631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Lendini 884 Town Center Dr Langhorne, PA 19047-1748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address Loan Builders/Swift Financial 3505 Silverside Rd Wilmington, DE 19810-4905 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address MedShift 525 N Tryon St Ste 1600 Charlotte, NC 28202-0213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,814.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Viora-Dermafuse & Pristine Pro</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Deldor Wellness, Inc. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.12	Nonpriority creditor's name and mailing address MedShift 525 N Tryon St Ste 1600 Charlotte, NC 28202-0213 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$143,755.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Viora-ElySION Preime</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.13	Nonpriority creditor's name and mailing address MedShift 525 N Tryon St Ste 1600 Charlotte, NC 28202-0213 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51,390.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Viora-V10</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.14	Nonpriority creditor's name and mailing address REMEX Inc. 307 Wall St Princeton, NJ 08540-1515 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.15	Nonpriority creditor's name and mailing address Savit Collection Agency PO Box 250 East Brunswick, NJ 08816-0250 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.16	Nonpriority creditor's name and mailing address Swift Financial 3505 Silverside Rd Ste 200 Wilmington, DE 19810-4905 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,114.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.17	Nonpriority creditor's name and mailing address Telecom PO Box 4500 Allen, TX 75013-1311 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.18	Nonpriority creditor's name and mailing address TKK Broadway Management, LLC c/o Raymond & Raymond 7 Glenwood Ave Fl 4 East Orange, NJ 07017-1061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,254.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

Debtor	Deldor Wellness, Inc. <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

3.19	Nonpriority creditor's name and mailing address True Business Funding, LLC 301 Mill Rd Ste U-5 Hewlett, NY 11557-1291 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.20	Nonpriority creditor's name and mailing address Utility Self Reported/Public Service Ent PO Box 4500 Allen, TX 75013-1311 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.21	Nonpriority creditor's name and mailing address Viora Sinclair Company 213 W 35th St New York, NY 10001-1903 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$56,511.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.22	Nonpriority creditor's name and mailing address Yunis Properties, Inc. 32 Washington St Tenafly, NJ 07670-3216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$164,811.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Andrew Sklar, Esq, Sklar, LLC 20 Brace Rd Ste 205 Cherry Hill, NJ 08034-2634	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Financial Pacific Leasing, Inc. PO Box 4568 Federal Way, WA 98063-4568	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Howard D. Lipstein, Esq. 535 Morris Ave Springfield, NJ 07081-1038	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Lee, LLC 770 River Rd Edgewater, NJ 07020-6600	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

Debtor **Deldor Wellness, Inc.**
Name

Case number (if known) _____

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>485,095.74</u>
5c.	\$ <u>485,095.74</u>

Fill in this information to identify the case:

Debtor name **Deldor Wellness, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY, NEWARK DIVISION**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease-Viora/Dermafuse and Pristine Pro**

State the term remaining

List the contract number of any government contract _____

**MedShift
525 N Tryon St
Charlotte, NC 28202-0202**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease-Viora Elysion/Preime**

State the term remaining

List the contract number of any government contract _____

MedShift

2.3. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease-Viora V10**

State the term remaining

List the contract number of any government contract _____

Medshift

2.4. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease-V20**

State the term remaining

List the contract number of any government contract _____

Contract expires in 2027

**Viora Sinclair Company
213 W 35th St
New York, NY 10001-1903**

Fill in this information to identify the case:

Debtor name Deldor Wellness, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, NEWARK DIVISION

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Delma Rodriguez

60 Oak St Apt 204
East Rutherford, NJ 07073-1204

Block, Inc.

☐ D _____
☒ E/F 3.2
☐ G _____

2.2 Delma Rodriguez

60 Oak St Apt 204
East Rutherford, NJ 07073-1204

Everest Business
Funding

☒ D 2.4
☐ E/F _____
☐ G _____

2.3 Delma Rodriguez

60 Oak St Apt 204
East Rutherford, NJ 07073-1204

Funding Circle

☐ D _____
☒ E/F 3.6
☐ G _____

2.4 Delma Rodriguez

60 Oak St Apt 204
East Rutherford, NJ 07073-1204

Funding Metrics

☐ D _____
☒ E/F 3.7
☐ G _____

2.5 Delma Rodriguez

60 Oak St Apt 204
East Rutherford, NJ 07073-1204

Hitachi Capital
America Corp.

☐ D _____
☒ E/F 3.8
☐ G _____

2.6 Delma Rodriguez

60 Oak St Apt 204
East Rutherford, NJ 07073-1204

Lendini

☐ D _____
☒ E/F 3.9
☐ G _____

Debtor **Deldor Wellness, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.7	Delma Rodriguez	60 Oak St Apt 204 East Rutherford, NJ 07073-1204	Loan Builders/Swift Financial	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.10 <input type="checkbox"/> G _____
2.8	Delma Rodriguez	60 Oak St Apt 204 East Rutherford, NJ 07073-1204	REMEX Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.14 <input type="checkbox"/> G _____
2.9	Delma Rodriguez	60 Oak St Apt 204 East Rutherford, NJ 07073-1204	Savit Collection Agency	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.15 <input type="checkbox"/> G _____
2.10	Delma Rodriguez	60 Oak St Apt 204 East Rutherford, NJ 07073-1204	Swift Financial	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.16 <input type="checkbox"/> G _____
2.11	Delma Rodriguez	60 Oak St Apt 204 East Rutherford, NJ 07073-1204	Telecom	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.17 <input type="checkbox"/> G _____
2.12	Delma Rodriguez	60 Oak St Apt 204 East Rutherford, NJ 07073-1204	True Business Funding, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.19 <input type="checkbox"/> G _____
2.13	Delma Rodriguez	60 Oak St Apt 204 East Rutherford, NJ 07073-1204	Utility Self Reported/Public Service Ent	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.20 <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Deldor Wellness, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, NEWARK DIVISION

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From 1/01/2022 to 12/31/2022

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$964,892.00

For year before that:
From 1/01/2021 to 12/31/2021

☒ Operating a business

☐ Other _____

\$690,847.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their

Debtor **Deldor Wellness, Inc.**

Case number (if known) _____

relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Owners Mother Mom		\$8,400.00	repayment of debt

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Cherrywood Enterprises, LLC, assignee of Financial Pacific Leasing vs. Deldor Day Spa L-6836-22	Complaint	Bergen County Law Division 10 Main St Hackensack, NJ 07601-7042	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Delma Y Rodriguez 22-20018	Bk Filing- Case Dismissed	US Bankruptcy Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Debtor **Deldor Wellness, Inc.**

Case number (if known) _____

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Norgaard, O'Boyle & Hannon 184 Grand Ave Englewood, NJ 07631-3578	Attorney Fee		\$10,000.00
Email or website address			
Who made the payment, if not debtor?			
11.2. Ralph A. Ferro, Jr., Esq. 66 E Main St Ste 3 Little Falls, NJ 07424-5629	Attorney Fees-Prior Counsel		\$18,000.00
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Debtor **Deldor Wellness, Inc.**

Case number (if known) _____

Who received transfer?
AddressDescription of property transferred or
payments received or debts paid in exchangeDate transfer was
madeTotal amount or
value**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the
debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**Home Address, Email, Phone Numbers**

Does the debtor have a privacy policy about that information?

☒ No☐ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ NoneFinancial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance before
closing or transfer18.1. **Santander Bank**
PO Box 12646
Reading, PA 19612-2646

XXXX-7264

- ☒ Checking
- ☐ Savings
- ☐ Money Market
- ☐ Brokerage
- ☐ Other _____

February 2022

\$3,775.42

Debtor **Deldor Wellness, Inc.**

Case number (if known) _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	--	-----------------------------	----------------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Cube Storage		Tools and old TV	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

Debtor **Deldor Wellness, Inc.**

Case number (if known) _____

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service

From-To

26a.1. **Penrose & Associates**
560 Sylvan Ave
Englewood Cliffs, NJ 07632-3119

2019-2022

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address

Date of service

From-To

26b.1. **Penrose & Associates**
560 Sylvan Ave
Englewood Cliffs, NJ 07632-3119

2019-2022

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Penrose & Associates**
560 Sylvan Ave
Englewood Cliffs, NJ 07632-3119

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Debtor **Deldor Wellness, Inc.**

Case number (if known) _____

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Delma Y Rodriguez	60 River Oaks Dr Rutherford, NJ 07070	Owner	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and

Debtor **Deldor Wellness, Inc.** Case number (if known) _____

correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 25, 2023**

/s/ _____
Signature of individual signing on behalf of the debtor Printed name

Position or relationship to debtor _____

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* **attached?**

☒ No

☐ Yes

IN RE:

Case No. _____

Deldor Wellness, Inc.

Chapter 11

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy
petition preparer is not an individual, state
the Social Security number of the officer,
principal, responsible person, or partner of
the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or
partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Deldor Wellness, Inc.

X /s/

8/25/2023

Printed Name(s) of Debtor(s)

Signature of Debtor

Date

Case No. (if known) _____

X

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of New Jersey, Newark Division

In re **Deldor Wellness, Inc.**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ **FLAT FEE**

For legal services, I have agreed to accept _____ \$ _____

Prior to the filing of this statement I have received _____ \$ _____

Balance Due _____ \$ _____

☒ **RETAINER**

For legal services, I have agreed to accept and received a retainer of _____ \$ **10,000.00**

The undersigned shall bill against the retainer at an hourly rate of _____ \$ **400.00**

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

In re **Deldor Wellness, Inc.**

Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 25, 2023

Date

/s/ Brian G. Hannon

Brian G. Hannon

Signature of Attorney

Norgaard, O'Boyle & Hannon

184 Grand Ave

Englewood, NJ 07631-3578

bhannon@norgaardfirm.com

Name of law firm

**United States Bankruptcy Court
District of New Jersey, Newark Division**

IN RE:

Case No. _____

Deldor Wellness, Inc.

Debtor(s)

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: **August 25, 2023**

Signature: **/s/**

,

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

Alma Laser
485 Day Rd
Buffalo Grove, IL 60089

Amerifi Capital, LLC
330 Main St
Hartford, CT 06106-1860

Andrew Sklar, Esq,
Sklar, LLC
20 Brace Rd Ste 205
Cherry Hill, NJ 08034-2634

Block, Inc.
1455 Market St Ste 600
San Francisco, CA 94103-1332

Cedar Advance, LLC
2917 Avenue I
Brooklyn, NY 11210-2934

Cherrywood Enterprises, LLC
c/o Sklar Law, LLC
20 Brace Rd Ste 205
Cherry Hill, NJ 08034-2634

CHTD Company
PO Box 2576
Springfield, IL 62708-2576

Clicklease, LLC
c/o The Law Offices of Joseph A. Molinar
648 Wyckoff Ave
Wyckoff, NJ 07481-1428

Corporation Service Company
PO Box 2576
Springfield, IL 62708-2576

Corporation Service Company
801 Adlai Stevenson Dr
Springfield, IL 62703-4261

Delma Rodriguez
60 Oak St Apt 204
East Rutherford, NJ 07073-1204

Erica R. Gilerman, Esq.
515 Madison Ave Ste 8108
New York, NY 10022-5403

Ershowsky & Verstandig, PLLC
290 Central Ave Ste 109
Lawrence, NY 11559-8507

Everest Business Funding
8200 NW 52nd Ter Fl 2
Doral, FL 33166-7852

FC Marketplace, LLC
747 Front St Fl 4
San Francisco, CA 94111-1922

Financial Pacific Leasing, Inc.
PO Box 4568
Federal Way, WA 98063-4568

Funding Circle
85 2nd St Ste 400
San Francisco, CA 94105-3462

Funding Metrics
3220 Tillman Dr Ste 200
Bensalem, PA 19020-2028

Goldman, Imani & Goldberg, Inc.
9894 Bissonnet St
Houston, TX 77036-8239

Hitachi Capital America Corp.
800 Connecticut Ave
Norwalk, CT 06854-1631

Howard D. Lipstein, Esq.
535 Morris Ave
Springfield, NJ 07081-1038

Lee, LLC
770 River Rd
Edgewater, NJ 07020-6600

Lendini
884 Town Center Dr
Langhorne, PA 19047-1748

Lien Solutions
PO Box 29071
Glendale, CA 91209-9071

Loan Builders/Swift Financial
3505 Silverside Rd
Wilmington, DE 19810-4905

MedShift
525 N Tryon St Ste 1600
Charlotte, NC 28202-0213

Merk Funding, Inc.
3611 14th Ave
Brooklyn, NY 11218-3773

Quicksilver Capital
181 S Franklin Ave
Valley Stream, NY 11581-1138

REMEX Inc.
307 Wall St
Princeton, NJ 08540-1515

Savit Collection Agency
PO Box 250
East Brunswick, NJ 08816-0250

Swift Financial
3505 Silverside Rd Ste 200
Wilmington, DE 19810-4905

Telecom
PO Box 4500
Allen, TX 75013-1311

TKK Broadway Management, LLC
c/o Raymond & Raymond
7 Glenwood Ave Fl 4
East Orange, NJ 07017-1061

Triton Recovery, LLC
19790 W Dixie Hwy Ste 301
Aventura, FL 33180-2293

True Business Funding, LLC
301 Mill Rd Ste U-5
Hewlett, NY 11557-1291

Utility Self Reported/Public Service Ent
PO Box 4500
Allen, TX 75013-1311

Viora Sinclair Company
213 W 35th St
New York, NY 10001-1903

Yunis Properties, Inc.
32 Washington St
Tenafly, NJ 07670-3216

United States Bankruptcy Court
District of New Jersey, Newark Division

IN RE:
Deldor Wellness, Inc.

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT

Pursuant to Bankruptcy Rules 1007(a) and Bankruptcy Rule 7007.1, and Local Rules 1007-1, 2003-2, 7007.1-1 and 9014-1(B),

Deldor Wellness, Inc., a
[Name of Corporate Party]

(check one):

☒ [X] Corporate Debtor

☐ [] Party to an adversary proceeding

☐ [] Party to a contested matter

☐ [] Member of committee of creditors

makes the following disclosure(s):

All corporations, other than a governmental unit, that directly **or indirectly** own ten percent (10%) or more of any class of the corporation's equity interests are listed below:

OR

☒ [X] There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

Dated this 25th day of August, 2023.

/s/ Brian G. Hannon

Attorney Name, OBA #**BG-3645**

[Address/Telephone/Fax/Email]

Brian G. Hannon

184 Grand Ave

Englewood, NJ 07631-3578

Phone: Fax:

bhannon@norgaardfirm.com

Attorney for **Deldor Wellness, Inc.**